



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>100101</i>	<i>7/29/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>25</i>	<i>107-27-99</i>
NORMALITY REVIEW	<i>[Signature]</i>	<i>109916</i>	<i>8-5-99</i>

INDEX OF CLAIMS

✓ Rejected
- Allowed
- Canceled
- Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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